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Nursing Ethics

Ian E Thompson, Kath M Melia,
Kenneth M Boyd
Edinburgh, Churchill Livingstone,
1983
£3.25

There is a widespread assumption that 'medical ethics' is the ethics of the relationships between doctors and their patients. Discussions of 'moral dilemmas in medicine' invariably turn out to be about the problems of doctors, and if other health professions are mentioned at all it is only as background. And yet patients in hospitals rely on nurses for constant care, and in many cases for information on their conditions and prospects. They therefore have moral problems similar to and sometimes more acute than those of doctors. Moreover, they have a set of moral problems which doctors do not have, or do not recognise, namely the problems which doctors create when they regard nurses as having a subservient rather than a different function. This last point is given more force in a period when women's movements clearly affect what is predominantly a female profession. This book, dealing exclusively with the ethics of nursing, is therefore to be welcomed.

The authors are a nurse/sociologist, a philosopher and a theologian. This interdisciplinary approach is a fruitful one. The chapters in the book cover 'becoming and being a nurse', 'responsibility and accountability in nursing', 'moral dilemmas in direct nurse/patient relationships', 'moral dilemmas in nursing groups of patients', 'nurses and society', 'moral decision-making in theory and in practice'. The book is written in a clear, jargon-free style and there are realistic examples. Nurses – and doctors – will certainly benefit from reading it, and its moderate tone will appeal.

Perhaps indeed the possibilities it considers are all too sensible. I should have liked to see some discussion of the more radical issues raised by, say, Illich, more awareness of feminist

movements, and more criticism of the hierarchical structure of nursing and of promotion to desk work. The moral point of view is again moderate to conservative, and sometimes supported by weak arguments. For example (p80): 'We could only properly speak of a "right to suicide" if other people had a corresponding responsibility to assist them to do so'. This argument is based on a confusion between two senses of the term 'right' – a 'liberty' and a 'claim'. Again, the last chapter, on moral philosophy, is much too generalised, and the notes and references to works on moral philosophy will be exceedingly unhelpful or downright incomprehensible to nurse tutors who wish to improve their grasp of moral philosophy. And could none of the three authors be bothered compiling an index? Nevertheless this book has a lot to recommend it.

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Report of the Health Service Commissioner – Selected Investigations

Completed April 1982–September 1982
London, HMSO, 1982
£8.55

The first point to be stressed is that the cases reported here are 'selected'. One does not wade through pages of utter triviality which must have discouraged readers of some of the early Commissioner's reports. The cases reported here, or at any rate most of them, are worth reading.

The selection has been, wittingly or otherwise, most delicately balanced. The Commissioner usually concludes by upholding, or not upholding, occasionally dismissing, a complaint. I counted 41 complaints upheld, and 40 not upheld or dismissed.

Complaints reported cover a wide range. Non-availability of previous medical history; burns and scalds; unsatisfactory accommodation for a private patient; mishandling of complaints by health authorities and by a Family Practitioner Committee; delay in an accident and emergency department; general nursing care, and time and time again, inadequate communications with relatives.

Few complainants had but one complaint. One had no fewer than 11 and

most had three or four. Few had all their complaints upheld, and few had all dismissed. The vast majority then of these complainants had, in the Commissioner's view, something to complain about.

One complaint alleged inadequate supervision of a known suicide risk. Following a suicide attempt a young woman of 24 had an emergency operation and four days later jumped from a ward window on the fifth floor of the hospital, sustaining injuries which proved fatal. The patient's father complained that he had told the nursing staff and a doctor that his daughter had threatened to jump from a window, despite which she was left unsupervised in a room with no safety catches on the window.

Following what was obviously an exhaustive investigation – no fewer than 17 members of the nursing staff were interviewed – the Commissioner concluded that the patient had been treated with sympathy and concern, and that the father had not mentioned the danger of the window as forcefully as he subsequently believed. Supervision had been adequate. In his final comments the Commissioner made a statement very similar to one I recall being made by Lord Denning in the Court of Appeal, namely that it is almost impossible to prevent a really determined patient from taking his life.

What good does all this do? Well, it illustrates the points which, rightly or wrongly, do upset patients and relatives. The complaint about the suicide was not upheld, but the Commissioner expressed the hope which all will share, that the report would reassure the complainant regarding his daughter's care.

Sometimes an apology, and occasionally a reimbursement is recommended. Sometimes the actions of doctors, nurses and others are referred to in favourable terms – and indeed no longer does this reviewer advise doctors that in dealing with the Commissioner they are on a hiding to nothing.

As to whether justice is achieved – and if it can be by the Commissioner's procedure why do we need civil courts – these are not questions for a review.

The publication should be read by all concerned with patient care, and it doubtless would be read by very many more if it were reasonably priced.

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